

# Henry County Health Department

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henrycounty.in.gov



**Public Health**  
Prevent. Promote. Protect.

## On-site Sewage System (Septic) Permit Application

☐ New Construction ☐ Replacement/Expansion/Repair ☐ Component Only ☐ Existing System Connection

Homeowner Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Number of Bedrooms or Bedroom equivalents: \_\_\_\_\_

Parcel ID of Building Site: \_\_\_\_\_

Address or Nearest Crossroads of Building Site: \_\_\_\_\_

Water Supply (select one): ☐ Public ☐ Private

Jetted Hot Tub (125 Gallons or more): ☐ Yes ☐ No

Basement: ☐ Yes ☐ No

Bath, Sink, or Washing Machine in Basement: ☐ Yes ☐ No

Is this property located within 300 feet of a municipal sewer? ☐ Yes ☐ No

Is this property located within a Regional Waste District? ☐ Yes ☐ No

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Agent Contact Telephone Number: \_\_\_\_\_

I (we), as the homeowner hereby certify that all information provided in this application is truthful and accurate and that there are no misrepresentations or falsifications herein. Any changes in this information without consultation with the Henry County Health Department will be considered grounds for revocation of an issued permit pursuant to Henry County Ordinance Number 2007-7-4-25. I (we) understand that as homeowner I (we) alone am responsible for securing any permits, assuring proper construction or repair, and maintaining in a functionally adequate state the private sewage disposal system for which I have applied. I (we) assure that this system complies with all applicable rules, regulation, orders, and statutes regarding private sewage disposal systems.

Signature of Homeowner \_\_\_\_\_ Date \_\_\_\_\_